

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 10/573643	FILING DATE				
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1							51			
2			1					52					
3				1				53					
4					1			54					
5						1		55					
6							1	56					
7								57					
8								58					
9								59					
10								60					
11								61					
12								62					
13								63					
14								64					
15								65					
16								66					
17								67					
18								68					
19								69					
20								70					
21								71					
22								72					
23								73					
24		1						74					
25			1					75					
26		1						76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.		↓	4	↓		↓		TOTAL IND.		↓		↓	
TOTAL DEP.		↔	92	↔		↔		TOTAL DEP.		↔		↔	
TOTAL CLAIMS			24					TOTAL CLAIMS					